



**SFTP USER
ACCESS CONTROL FORM**

Last Name: _____ **First Name:** _____
MI: _____

Last 4 digits of SSN: ____ _

Employment Position: _____ **Type (circle one):**
Gov't / Contractor

Organization/Company Name: _____

Address: _____
Street Address

City State Zip

Organization/Development Agent: (circle one)

CCSE / CCWS / DISCO / DMSO / FOM / HLA Control / Joint DA / JOISIM / JTIM
MARITIME / NASM / NATSIM / RAT_FTT / RTI / SCC / SITH / SNE

Other (Please specify): _____

Access as a (circle one): Developer / CM / Both Developer & CM

Access Type (circle one): Read/Write / Read Only / Write Only

Phone Number: _____ **Fax Phone Number:** _____

E-mail Address: _____

Static IP Address: (viewable from the internet) _____

Justification for Access:

Certification Understanding: I certify the above data is true and correct. Also, I acknowledge and agree that:

- U.S. Government resources will only be used for the performance of official duties.
- Data, software and hardware will be protected to the best of my abilities.
- Proprietary and copyrighted material will be protected and accounted for.
- Security incidents will be reported to the ISSO (Information Security Services Officer).
- Users will only use their individually assigned login ID, protect passwords as FOUO, (For Official Use Only), and abide by applicable regulations and guidelines.

Applicant's Signature: _____ **Date:** _____



Applicant's Supervisor

Name: _____

Phone Number: _____

E-mail: _____

Signature: _____

Date:

Applicant's ISSO or Facility Security Officer: (Accepts responsibility and authentication of the above individual to meet or exceed government requirements for access for Sensitive but Unclassified, SBU information)

Name: _____

Phone Number: _____

E-mail: _____

Signature: _____

Date:

Upon Completion FAX original with signatures to (407) 384-5599 (ATTN: Lori Lane) and e-mail to: Lori_Lane@jsims.mil (Passwords & Id's will be sent separately)

Forms Date: 10/09/2002